

CITY OF LAKE JACKSON
25 Oak Drive-Lake Jackson, TX 77566-5289
Telephone 415-2434 Fax 297-9804
AUTHORIZATION FOR AUTOMATIC PAYMENT PLAN

Name on Your Utility Statement: _____

Utility Account Number: _____

Service Address: _____

Date of Birth: _____

Driver's License Number: _____

Social Security Number: _____

Home Phone Number: _____

Work Phone Number: _____

Financial Institution Name: _____

Financial Institution Address(City & State) _____

BANK ACCOUNT NUMBER TO BE CHARGED; _____ **CIRCLE ONE**
checking/savings

PLEASE READ BEFORE SIGNING!!!!

I authorize the City of Lake Jackson to begin deductions for my monthly utility bill with the financial institution named. Enrollment in the automatic payment plan may be discontinued any time by sending a request, in writing, to the City of Lake Jackson. My authority will remain in effect until revoked by my financial institution, the City of Lake Jackson, or myself. I understand that both my financial institution and the City of Lake Jackson have the right to terminate this payment plan or my participation therein. *If I have two insufficient bank drafts within a year, the City will terminate my enrollment in bank drafting.*

I understand that I will be responsible for the first bill that I receive after the City obtains my application. However if my bank is currently set up in the bank drafting program my automatic payment plan will be effective with my first bill. This bill will have a message at the bottom stating: BANK DRAFT-DO NOT PAY. **PAYMENT WILL BE DRAFTED ON THE DUE DATE!**

Signature (Must be authorized for the account listed above)

Date

WRITE "VOID" ACROSS CHECK AND TAPE HERE
(Please tape—DO NOT STAPLE)